

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X <i>C Bell</i></p> <p>B. Received by (Printed Name) <i>C Bell</i> C. Date of Delivery <i>8/28/07</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <i>C Bell</i> <input checked="" type="checkbox"/> No</p>	
<p>1. Article Addressed to:</p> <p>Phyllis Billups Draper Correctional Facility PO Box 1107 Elmore, AL 36025</p> <p><i>07cv684 Doc 12 & OP</i></p>		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number <i>(Transfer from service label)</i></p> <p>7006 2760 0005 4873 0195</p>			

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540